FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

Expires: May 31, 2005 Estimated average burden hours per response ... 16.00 SEC USE ONLY Serial

OMB APPROVAL

DATE RECEIVED

OMB Number: 3235-0076

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(5), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION

• .—	mendment and name has changed, and indicate chad Partnership Interests of Teleion Fund I, LP	inge)	
Filing Under (Check box(es) that apply):	☐ Rule 504 ☐ Rule 505 ☒ Rule 506 ☐ Sectio	n 4(6) 🔲 ULOE	
Type of Filing: 🔲 New Filing 🛛 Ame	ndment		
	A. BASIC IDENTIFICATI	ON DATA	
1. Enter the information requested about t		1318020	
	mendment and name has changed, and indicate cha	nge.)	
Teleion Fund I, LP			
Address of Executive Offices	(Number and Street, City, State		Number (Including Area Code)
3511 Silverside Road, Suite 2	06, Wilson Building, Wilmington, DE 19810		02-477-8908
Address of Principal Business Operations	(Number and Street, City, State	Zip Code) Telephone N	Number (Including Area Code)
(if different from Executive Offices)			
Brief Description of Business			PROPER
Investment partnership			A 222 July
Type of Business Organization			"" - GOED
corporation	limited partnership, already formed	<u> </u>	JUL 1 0 200.
_		other (please specify):	JUL 19 2004
business trust	limited partnership, to be formed		THOM
Actual or Estimated Date of Incorporation	on or Organization:	Month Year	FINANCIAL E
		0 3 0 2	□ Actual □ Estimated
Jurisdiction of Incorporation or Organiza	ition: (Enter two-letter U.S. Postal Service abbrevia	tion for State:	
CN for Canada; FN	for other foreign jurisdiction)		DE

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee. There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the property amount shall accompany this form.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA										
2. Enter the information requested for the following:										
· Each promoter of the issuer, if the issuer has been organized within the past five years.										
Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer:										
Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and										
· Each general and managing partner of partnership issuers.										
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner										
Full Name (Last name first, if individual) Teleion Partners I, LLC										
Business or Residence Address (Number and Street, City, State, Zip Code) 3511 Silverside Road, Suite 206, Wilson Building, Wilmington, DE 19810										
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner										
Full Name (Last name first, if individual) Baker, III, James G.										
Business or Residence Address (Number and Street, City, State, Zip Code) 3511 Silverside Road, Suite 206, Wilson Building, Wilmington, DE 19810										
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner										
Full Name (Last name first, if individual) Settle, Will Edwards										
Business or Residence Address (Number and Street, City, State, Zip Code) 3511 Silverside Road, Suite 206, Wilson Building, Wilmington, DE 19810										
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner										
Full Name (Last name first, if individual)										
Business or Residence Address (Number and Street, City, State, Zip Code)										
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner										
Full Name (Last name first, if individual)										
Business or Residence Address (Number and Street, City, State, Zip Code)										
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner										
Full Name (Last name first, if individual)										
Business or Residence Address (Number and Street, City, State, Zip Code)										
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner										
Full Name (Last name first, if individual)										
Business or Residence Address (Number and Street, City, State, Zip Code)										
(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)										

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		 			В. 1	INFORMA	TION ABO	UT OFFER	ING				÷	
													Yes	No
1. Ha	as the issuer	sold, or doe	s the issuer	intend to sell	, to non-acc	redited inve	estors in this	offering?			• • •			⊠
							n 2, if filing							
2. W	hat is the m	inimum inve	stment that	will be accep	ted from ar	y individua	<u> 1? </u>	· · · · · · · · · · · · · · · · · · ·		<u> </u>	•••		\$250,00 Yes	0.00 No
3. Do	es the offer	ing permit jo	int ownersh	nip of a single	unit?					· · · · · · · · · · · · · · · · · · ·			Z	
re: or pe	muneration agent of a bestoner	for solicitati proker or dea	on of purcha ler registere sociated per	ch person whasers in connect with the Sl sons of such	ection with EC and/or w	sales of secu	urities in the	offering. If a	a person to b the broker o	oe listed is an	associated fore than fiv	person		
		•	· · · · · · · · · · · · · · · · · · ·											
Busin	ness or Resi	dence Addre	ss (Number	and Street, (City, State, 2	Zip Code)								
Name	e of Associa	ited Broker	or Dealer											
State	s in Which	Person Liste	d Has Solici	ted or Intend	s to Solicit	Purchasers						····		
				individual St										States
	(Cite	A Mil State	of check	marviduai ou	u.co)								LI All C	, united
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO	
	[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
	[RI]	[SC]	[SD]	[TN]	[TX]	[[UT]	[VT]	[VA]	[WA]	[[wv]	[WI]	[WY]	[PR	لـــا
Full 1	Name (Last	name first, i	f individual	<u> </u>					<u> </u>					
	·`													
Busir	ness or Resi	dence Addre	ss (Number	and Street, C	City, State, 2	Zip Code)								
Name	of Associa	ited Broker o	r Dealer											
<u> </u>														
States				ted or Intend individual St									☐ A11 S	States
	[AL]	[AK]	[47]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	$\overline{}$
	[IL]	[IN]	[AZ]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	IMO	_
	[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	_
	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR	
Full N	Jame (1 ast	name first, i	findividual											
Busir	ess or Resi	dence Addre	ss (Number	and Street, C	City, State, 2	Zip Code)								
Name	of Associa	ited Broker o	or Dealer											
State	in Which I	Derson Tists	Uac Calie	ted or Intend	e to Solicie	Durahasara								
States													_	
	(Chec	k "All State:	s" or check i	individual St	ates)		• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •				☐ All S	tates
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	(DE)	[DC]	[FL]	[GA]	[HI]	[ID]	
	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	MO	\Box
	[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
	[RI]	(SC1	[SD]	[TN]	(TX)	[UT]	[VT]	[VA]	[WA]	(MA)	(WI)	(WY)	(PR)	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF I	PROCEEDS	
 Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box ☐ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. 		
Type of Security	Aggregate Offering Price	Amount Already Sold
Debt	0	0
Equity	0	
☐ Common ☐ Preferred		
Convertible Securities (including warrants)		
Partnership Interests	See Footnote 1	\$14,229,904.82
Other (Specify)	0	_ 0
Total	0	0
Answer also in Appendix, Column 3, if filing under ULOE.		
2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate Dollar Amount of Purchases
Accredited Investors	41	\$14,229,904.82
Non-accredited Investors	0	0
Total (for filings under Rule 504 only)	0	0
Answer also in Appendix, Column 4, if filing under ULOE.		
3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.		
Type of offering	Type of Security	Dollar Amount Sold
Rule 505		
Regulation A		
Rule 504		
Total		
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Excluded amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		ПО
Transfer Agent's Fees		
Printing and Engraving Costs		<u>0</u> 0
Legal Fees		34,000
Accounting Fees		
Engineering Fees		10,000
Sales Commissions (specify finders' fees separately)		
Other Expenses (identify)		
Total		44,000

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¹ The limited partnership interests offered require a minimum investment of \$250,000 although larger investments are permitted. Additionally, the general partner can waive that requirement for certain individuals and allow them to invest less than \$250,000. As of the date of this Form D the Fund had offered limited partnership interests to 76 potential investors. Due to certain securities regulations, the Fund will at no time have in excess of 99 beneficial owners. The total amount invested could eventually exceed \$20 million.

 b. Enter the difference between the aggregate offering expenses furnished in response to Part C - Question issuer." 5. Indicate below the amount of the adjusted gross prother purposes shown. If the amount for any purposes 	g price given in response to Part C – Question 1 and total 4.a. This difference is the "adjusted gross proceeds to the roceeds to the issuer used or proposed to be used for each of e is not known, furnish an estimate and check the box to the ed must equal the adjusted gross proceeds to the issuer set forth	-		See footnotes 2 & 3
in response to rain or Queensii no accordi			Payments to Officers, Directors & Affiliates	Payments To Others
Salaries and fees		\boxtimes	Footnote 2	Footnote 2
Purchase of real estate			<u> </u>	□ <u> </u>
Purchase, rental or leasing and installation of m	achinery and equipment		0	<u> </u>
Construction or leasing of plant buildings and f Acquisition of other businesses (including the w offering that may be used in exchange for the a			0	<u> </u>
	ssets of securities of another		0	O
Repayment of indebtedness			0	· □
Working capital Other (specify):			0	Footnote 3
		Ø	Footnote 2	Footnotes 2 & 3
		\boxtimes	Footnote 2 & 3	Footnotes 2 & 3
Total Payments Listed (column totals added)	•••••••		⊠ Foo	tnotes 2 & 3
The state of the s	D. FEDERAL SIGNATURE			
following signature constitutes an undertaking by the iss	te undersigned duly authorized person. If this notice is filed un suer to furnish to the U.S. Securities and Exchange Commission to any non-accredited investor pursuant to paragraph (b)(2) of Signature Date	n, upon Rule 5	written re-	
Name of Signer (Print or Type)	Title of Signer (Print or Type)	<u> </u>	120	
Will Edwards Settle	Member-Manager of Teleion Partners I, LLC,	the Ge	neral Partner	
	ATTENTION			
Intentional misstatements or omissions of fact	constitute federal criminal violations. (See 18 U.S.C.	1001.)		

As disclosed in the Confidential Memorandum, the Fund shall pay a monthly fee to an affiliated management company in an amount equal to the product of .10466% and the fair market value of the Fund assets as of the first day of the month. The Fund will also incur certain other fees and expenses from time to time in connection with the operation of the Fund.

3 All remaining proceeds, other than general operating expenses and the fees and expenses described in footnote 2 above, will be used to purchase investment securities.

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	E. STATE SIGNATURE		
1. Is any party described in 17 CFR 230.252(c), (of such rule?	d), (e) or (f) presently subject to any of the disqualification provisions	Yes	No ⊠
	See Appendix, Column 5, for state response		
times as required by state law.	urnish to any state administrator of any state in which this notice is filed, a notice on lurnish to the state administrators, upon written request, information furnished by the		7.500) at such
	er is familiar with the conditions that must be satisfied to be entitled to the Uniform I d and understands that the issuer claiming the availability of this exemption has the b		
The issuer has read this notification and knows th	c contents to be true and has duly caused this hotice to be signed on its behalf by the	undersigned duly au	thorized
person.	/ MRA A LAIL		
Issuer (Print or Type Teleion Fund I, LP	Signature Date 07/P/64	,	
Name of Signer (Print or Type)	Title of Signer (Print or Type)		
Will Edwards Sattle	Mamber-Manager of Tolsian Partners I II C the Congres Pr	artner	

Instruction:

291907-3

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

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APPENDIX

1		 !	3			4		···	5	
	Intend to non-ac	to sell	Type of security and aggregate offering price offered in state		Type of in	Disqualification under State ULOE (if yes, attach explanation of waiver granted)				
	(Part B-		(Part C-Item 1)	Number of	(Part C	-Item 2) Number of		(Part E-Item 1)		
State	Yes	No		Accredited Investors	Amount	Non-Accredited Investors	Amount	Yes	No	
AL		х	See Footnote 1 on page 4 of this Form D.	1	\$ 249,960.00	0	0		Х	
AK										
AZ						•				
AR			li .							
CA										
со										
CT	···			1						
DE		Х	See Footnote 1 on page 4 of this Form D.	1	\$ 256,000.00	0	0		х	
DC										
FL					·					
GA		х	See Footnote 1 on page 4 of this Form D.	1	\$ 40,000.00	0	0		х	
HI										
ID										
IL		Х	See Footnote 1 on page 4 of this Form D.	1	\$ 25,000.00	0	0		X	
ĪΝ										
IA										
KS										
KY		Х	See Footnote 1 on page 4 of this Form D.	1	\$ 495,181.67	0	0		Х	
LA										
ME										
MD										
MA										
MI	-									
MN										
MS		х	See Footnote 1 on page 4 of this Form D.	4	\$1,943,999.38	0	0		х	
МО										

APPENDIX

1	2		3		4		I		5 alification		
	Intend to non-ac investors (Part B-)	credited in State	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)						
State	Yes	No		Number of Accredited Investors	lumber of Number of Non-Accredited Non-Accredited				Yes No		
MT											
NE											
NV								·····			
NH											
NJ									<u> </u>		
NM											
NY											
NC											
ND		-									
ОН				 					<u> </u>		
OK								<u></u> .			
OR											
PA											
RI		<u> </u>		· · · · · · · · · · · · · · · · · · ·							
sc							+				
SD											
TN		x	See Footnote 1 on page 4 of	31	\$10,919,763.77	0	0		x		
TX		x	this Form D. See Footnote 1 on page 4 of this Form D.	1	\$ 300,000.00	0	0		x		
UT											
VT				·							
VA		 									
WA	-							·			
wv											
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WY											
PR									_		

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